

HARTSHORN SUMMER PROGRAM REGISTRATION – 2008

Child's Name _____ Grade ENTERING in Fall _____

Parent's Name(s) _____

Mailing Address/Town/Zip _____

Phone _____ *Email Address (Please print clearly) _____

(*E-mail is required for class confirmation and class info. If you do not have e-mail, please write in none.)

For special instructions please CHECK HERE _____ (Such as carpooling or a sibling trying to get into the same week.)

Include all pertinent info such as other child's name, grade, classes, date, etc. on the back of this form.

	Class	Price	Early Drop Off Days/Hours	Price	Afternoon Session Days/Hours	Price	Group Photo \$5 ea.	Total Cost Per Wk
Week 1 6/23-27								
Week 2 6/29-7/3								
Week 3 7/7-11								
Week 4 7/14-18								
Week 5 7/21-25								
Week 6 7/28-8/1								
Week 7 8/4-8								
Week 8 8/11-16								
Week 9 8/18-22								



Dirty Dozen Green Thumb Garden Club

= _____

Toddler in the Woods Please Circle

M/W T/Th

Week 1 2 3 4 5 6 7 8 9 # of sessions _____ X fee _____

= _____

Or \$90/\$95 for 9 weeks

A Night with Nature Overnight Camping

= _____

Boat Building

= _____

Hartshorn T-Shirt

T- Shirt YS YM YL

_____ X fee \$15

= _____

Total Enclosed

Please make checks payable to **PMEC**

= _____

Registration is void without payment enclosed. You may write one check per family. Please limit one child per registration form. Registration forms and checks can be dropped off at Amherst Town Hall or Amherst Library (downstairs); or mailed to: Hartshorn Registration, PO Box 1045, Amherst, NH 03031. **Do NOT drop envelopes off at PMEC on Brook Road.** Registrations will be processed on a first come-first served basis.

*****IMPORTANT: You MUST fill out and sign the BACK of this form*****

	Register before May 1st		Register after May 1st	
	Amherst Residents	Non-Residents	Amherst Residents	Non-Residents
A Week at Hartshorn AM (9AM-12PM) High School - Adult Classes (Times Vary)	\$85.00	\$90.00	\$90.00	\$95.00
A Week at Hartshorn AM Week of July 4th (Mon-Thurs)	\$70.00	\$75.00	\$75.00	\$80.00
Toddler - All 9 Weeks	\$90.00	\$95.00	\$90.00	\$95.00
Toddler - Single Week	\$15.00	\$16.00	\$15.00	\$16.00
Dirty Dozen Garden Club (7 wks)	\$70.00	\$75.00	\$70.00	\$75.00
A Night with Nature	\$95.00	\$105.00	\$95.00	\$105.00
Build A Boat	\$385.00	\$390.00	\$390.00	\$395.00
Hartshorn in the Afternoon (12:00-5:30PM)	\$85 per week \$20 per day \$6 per hour	\$90 per week \$25 per day \$7 per hour	\$85 per week \$20 per day \$6 per hour	\$90 per week \$25 per day \$7 per hour
Early morning drop off (7:30-9AM)	\$20 per week \$6 per hour	\$25 per week \$7 per hour	\$20 per week \$6 per hour	\$25 per week \$7 per hour
Full Day (7:30AM-5:30PM)	\$170 per week	\$180 per week	\$175 per week	\$185 per week

RELEASE/EMERGENCY INFORMATION & EXTRA TIME POLICY _____Name

A. In case of injury, medical authorities will not undertake any treatment without parental/guardian consent. This form allows for such medical care should you not be available to give permission. Your teacher will carry a copy of this permission form during class. The undersigned parent/guardian agrees to indemnify and hold harmless the Hartshorn Summer Program, Town of Amherst, teachers, and all other people helping with this program for damages resulting to _____ (my daughter / son) while participating in Hartshorn Summer Program activities or while in transit to and from these activities. Furthermore, I agree to have my son/ daughter treated for emergency medical or dental problems that should result from injuries received, providing a licensed physician or dentist advises such treatment. I accept full responsibility for all costs of such treatment.

B. Your signature below indicates your consent to PMEC to use photos and/or videos of you/ your child internally and in PMEC promotional materials.

C. The child above has had all current immunizations required by New Hampshire Public Schools.

I understand that if I drop off my child early or pick my child up late from a program, I am responsible to pay \$2 for every 15 minutes or increment thereof, payable at time of drop-off or pickup.

Parent/Guardian Signature _____ **Date** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

2nd Emergency Contact _____ **Relationship** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Physician _____ **Phone** _____

Dentist _____ **Phone** _____

Allergies: _____

Any restrictions on activities: _____

Medications currently taken: _____

List any medical, physical, emotional, or behavioral conditions that need to be considered:

Special Registration Requests: Such as carpooling groups or a sibling trying to get into the same week. We will make every effort to accommodate your needs whenever possible. ***Include all pertinent info such as other child's name, grade, classes, date, etc.***

Pick Up List: Please list any one you approve to pick up your child from Hartshorn.

1. _____ 2. _____ 3. _____ 4. _____